SEMINOLE COUNTY GOVERNMENT AGENDA MEMORANDUM

SUBJECT: The Hitching Post Special Event Permit for a New Years Eve party

DEPARTMENT: Planning and Development **DIVISION:** Planning

AUTHORIZED BY: Dori DeBord CONTACT: Joy Williams EXT: 7399

MOTION/RECOMMENDATION:

- 1. Approve the request by The Hitching Post for a Special Event Permit for a New Years Eve party with outdoor amplification of sound on December 31, 2009, located at 1485 C.R 419 (Robert Shane Hedrick, applicant); or
- 2. Deny the request by The Hitching Post for a Special Event Permit for a New Years Eve party with outdoor amplification of sound on December 31, 2009, located at 1485 C.R 419 (Robert Shane Hedrick, applicant); or
- 3. Continue the request to a time and date certain.

District 1 Bob Dallari Joy Williams

BACKGROUND:

The applicant is requesting a Special Event Permit for a New Years Eve party with outdoor amplification of sound to be held at The Hitching Post Bar located at the corner of C.R 419 and Lake Mills Rd. The event would be held on December 31, 2009, from the hours of 10 p.m to 2 a.m.

The applicant proposes to have a DJ on site with outdoor amplification; no outdoor food vendors are proposed. All activities will take place on site within the existing fenced patio area. The applicant will utilize the existing on-site parking area; sanitation will be provided by existing restrooms within the main building. All medical and policing will be provided by Seminole County Public Safety and the Seminole County Sheriff's Office.

STAFF RECOMMENDATION:

Staff recommends that the Board approve the request by The Hitching Post for a Special Event Permit for a New Years Eve party with outdoor amplification of sound on December 31, 2009, located at 1485 C.R 419 (Robert Shane Hedrick, applicant), based upon the following conditions.

- 1. The event must comply with all fire, sheriff, building codes, Florida Statutes, and Seminole Cound Code Chapter 185 regulations.
- 2. The hours of operation for the amplification of sound shall be limited to December 31, 2009 between 10 p.m 2 a.m.

3. Security shall be provided by two (2) off duty Seminole County Sheriff's Deputies.

ATTACHMENTS:

- 1. Application
- 2. Site Plan
- 3. Aerial Map
- 4. FLU Zoning Map

Additionally Reviewed By:

County Attorney Review (Kathleen Furey-Tran)



SEMINOLE COUNTY PLANNING & DEVELOPMENT DEPARTMENT PLANNING DIVISION 1101 EAST FIRST STREET SANFORD, FL 32771 (407) 665-7371 PHONE (407) 665-7385 FAX APPL.NO._____

APPLICATION FOR A SPECIAL EVENT PERMIT

Applications for a Special Event Permit shall include <u>all applicable items listed in the Application Checklist</u>. No application will be reviewed until a complete application (including all information requested below) has been received by the Planning & Development Department, Planning Division.

	PROPERTY OWNER	AUTHORIZED AGENT *
NAME	ROBERT Shave Hedrick	
ADDRESS	2680 Wassum TRail	
	ChulUOTA FL 32766	
PHONE 1	321-377-0013	
PHONE 2		
E-MAIL	SRH33@ AOI. COM	

*Applicant Authorization Form required

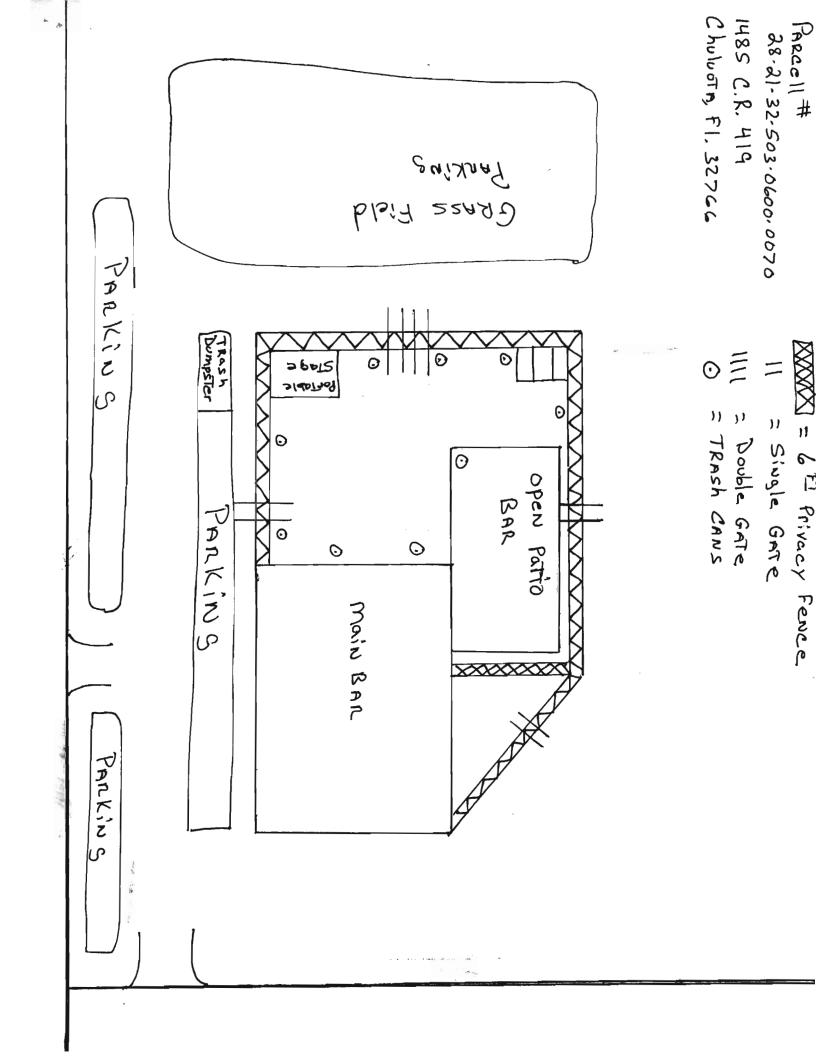
Applicant Authorization Form required						
PROJECT INFORMATION						
PROJECT NAME	NEW Ye	W Years Eve Party				
SITE ADDRESS	1485 C.R.	419 Chuluota,	FL 32766			
CURRENT USE	BAR AND	GRill	•			
GENERAL LOCATION	Corn	Corner of Lake mills Rd. and C.R. 419				
PROPERTY ID NUMBER	(S) 28·2	28.21-32-503-0L00-0070				
SIZE OF PROPERTY	4		acres			
DATE OF EVENT	12 -	31-2009				
DESCRIPTION OF EVEN	New	New Years Eve Party with Live music				
	FRom	9 pm - 1 Am	D. J. only			
			D. J. WIN			
HOURS OF EVENT	10	PM - 2 AM				
NUMBER OF ATTENDE	S	65 - 75°				

By my signature hereto, I do hereby certify that the information contained in this application is true and correct to the best of my knowledge, and understand that deliberate misrepresentation of such information will be grounds for denial or reversal of this application and / or revocation of any approval based upon this application. I also represent that I have the lawful right and authority to file this application.

SIGNATURE OF AUTHORIZED APPLICANT*

DATE

^{*} Proof of owner's authorization is required with submittal if signed by agent.



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		THE HITCHING POST BA	R & GRILL, INC.	INSURER 8:				
		1485 COUNTY RD. 419		INSURER C:				
		CHULUOTA, FL 32766		INSURER D:			_	
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407-665-7385				AUTHORIZED REP	AUTHORIZED REPRESENTATIVE			
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AC#: 3906997

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION DIV OF ALCOHOLIC BEVERAGES & TOBACCO

SEQ# L08081102004

BATCH NUMBER LICENSE NBR SERIES TOBACCO DATE

08/11/2008 088028017 BEV6902970 4COP DUAL LICENSE

The RETAILER OF ALCOHOLIC BEVERAGES

Named below IS LICENSED

Under the provisions of Chapter 565 FS. Expiration date: SEP 30, 2009

HITCHING POST BAR & GRILL INC HITCHING POST 1485 C.R. 419 CHULUOTA FL 32766

CHARLIE CRIST GOVERNOR

DISPLAY AS REQUIRED BY LAW

CHARLES W. DRAGO SECRETARY

AC# 4279993

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION DIVISION OF HOTELS AND RESTAURANTS

SEQ# L09022501210

BATCH NUMBER MICENSE NBR DATE 02/25/2009 087048759 SEA6900062 NBR. OF SEATS: 40

The SEATING FOOD SERVICE (2010)

Named below IS LICENSED

Under the provisions of Chapter 509 FS. Expiration date: APR 1, 2010

NON-

TRANSFERABLE

HITCHING POST BAR & GRILL INC HITCHING POST 1485 HWY 419 CULUOTA FL 32766

CHARLIE CRIST GOVERNOR

CHARLES W. DRAGO SECRETARY

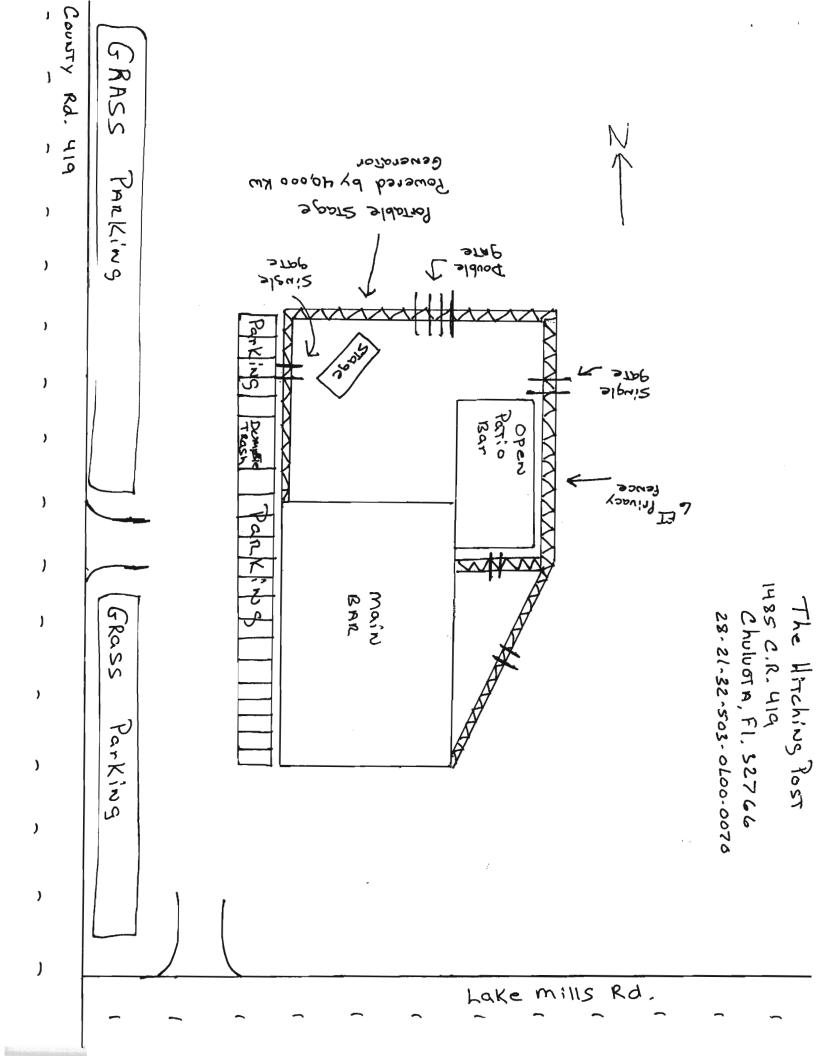
DISPLAY AS REQUIRED BY LAW

SEMINOLE COUNTY APPLICANT AUTHORIZATION FORM (ORIGINAL ONLY)

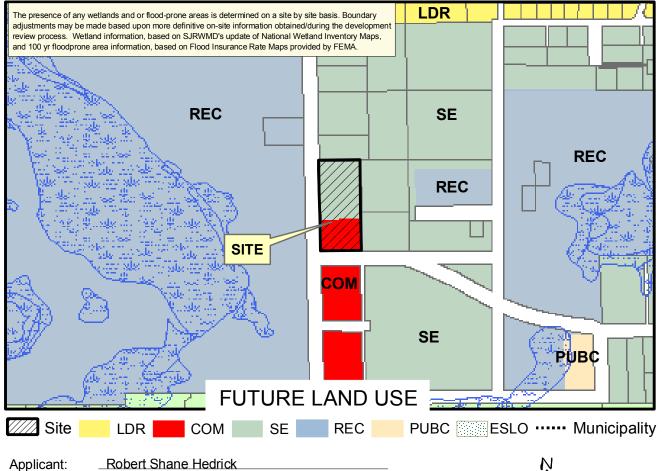
An authorized applicant is defined as:

- The property owner of record: or
- An agent of said property owner (power of attorney to represent and bind the property owner must be submitted with the application); or
- Contract purchaser (a copy of a fully executed sales contract must be submitted with the application containing a clause or clauses allowing an application to be filed).

1 Robert Shave Hedrick, the fee simple owner of the following
(Owner's Name)
described property (Provide Legal Description or Tax Parcel ID Number(s)
28-21-32-503-0L00-0070
hereby petition Seminole County for a Special Event Permit and affirm that
is hereby designated to act as my / our authorized agent and to file the attached
application for the stated amendment and make binding statements and commitments regarding the
amendment request.
21, 1//
Owner's Signature
I certify that I have examined the application and that all statements and diagrams submitted are true and
accurate to the best of my knowledge. Further, I understand that this application, attachments and fees
become part of the Official Records of Seminole County, Florida and are not returnable.
SWORN TO AND SUBSCRIBED before me this day of, 20
day of, 20
I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared, who is
personally known to me or who has producedhas identification and who executed
the foregoing instrument and sworn an oath.
WITNESS my hand and official seal in the County and State last aforesaid this 25 day of
HUG JOWS
Notary Public in and for the County and State
Aforementioned
My Commission Expires: Comm# DD0752365
Expires 1/27/2012
Florida Notary Assn., Inc







Applicant: Robert Shane Hedrick

Physical STR: 28-21-32-503-0L00-0070

Gross Acres: 4.11 +/- BCC District: 1

Existing Use: Hitching Post, Chuluota - New Years Eve Event

Special Notes: Special Event Permit

